**DECLARATION FOR UTILITY OR****DESIGN****PATENT APPLICATION**

<input type="checkbox"/> Declaration	OR	<input checked="" type="checkbox"/> Declaration
Submitted		Submitted after Initial
with Initial		Filing (surcharge
Filing		(37 CFR 1.16(e))
		Required)

Attorney Docket No.

647P003

First Named Inventor

Robert L. Goldsmith

COMPLETE IF KNOWN

Application Number

10/676,671

Filing Date

October 1, 2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEMBRANE DEVICES WITH CONTROLLED TRANSMEMBRANE PRESSURE AND
METHOD OF USE**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)**October 1, 2003**

as United States Application Number or PCT International

Application Number

10/676,671

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

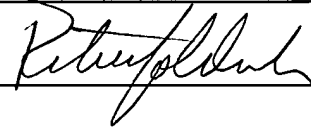
☐ Customer Number

Name	Kevin S. Lemack				
Address	Nields & Lemack				
	176 E. Main Street – Suite 7				
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Country	US	Telephone	508-898-1818	Fax	508-898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

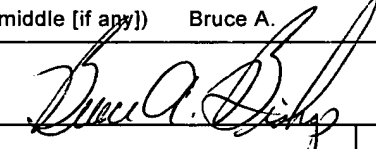
Given Name (first and middle [if any])	Robert L.	Family Name or Surname	Goldsmith
Inventor's Signature			Date
Residence: City	Wayland	State	MA
Country	US	Citizenship	US

Mailing Address 235 Concord Road

City	Wayland	State	MA	Zip	01778	Country	US
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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Bruce A.	Family Name or Surname	Bishop
Inventor's Signature			Date
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Country	US	Citizenship	US

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City	Arlington	State	MA	Zip	02174	Country	US
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☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

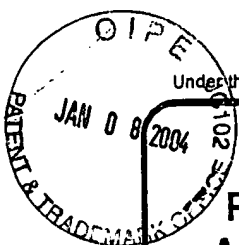
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/676,671
Filing Date	October 1, 2003
First Named Inventor	Robert L. Goldsmith
Group Art Unit	
Examiner Name	
Attorney Docket Number	647P003

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029
Robert Frame	54,104

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Robert L. Goldsmith

Bruce A. Bishop

Signature

Robert L. Goldsmith

Bruce A. Bishop

Date

10/30/2003

10/31/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.